



Town of Carlisle
Office of
BOARD OF HEALTH
66 Westford Street
Carlisle, MA 01741

Tel.: (978) 369-0283
Fax: (978) 369-4521

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

Name of Establishment

Operator

Contact Telephone

Name of Event/Location

Date(s) of Event/Hours of Operation

Operator Mailing Address

1. Before completing this application, read "Food Safety at Temporary Events". Have you read this material? ☐ YES ☐ NO
2. Is this a non-profit town event? ☐ Yes ☐ No
3. Menu: Attach or list **ALL** items. Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.

3. Will all foods be prepared at the temporary food service booth?
☐ YES Fill out **Section B** below.
☐ NO 1. Attach a copy of the food permit and agreement for use of another approved kitchen giving dates and times.
2. Fill out **BOTH Sections A and B** below.
4. List any potentially hazardous food item, and for each item check which preparation procedure will occur.
5. Are you certified in Allergen Awareness Training? ☐ Yes ☐ No

SECTION A: At the approved kitchen:

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

SECTION B: At the booth:

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

5. Food source(s): _____
Source and storage of water/ice: _____
Storage and disposal of garbage: _____

6. On the **BACK** of this page, please draw a sketch of the booth.

I certify that I am familiar with 105 CMR 590.00 Minimum Sanitation Standards for Food Establishments and have been Certified in Food Protection Management (attach copy of certificate). The above described establishment will be operated and maintained in accordance with the regulations. Certification expiration date: _____. Please provide a copy of the certification if not on file.

APPLICANT'S SIGNATURE

DATE